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LICENSEE NAME: ECLECTIC DINING, INC.  DOING BUSINESS A ATLANTICA  ADDRESS 46 BORDER ST.  CITY/TOWN: COHASSET STATE: MA ZIP CODE: 02025  MANAGER: CAMPBELL, TYPE OF LICENSE: Restaurant CATEGORY: All A JOSEPH  EMAIL ADDRESS:    FILENSE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  FIRST FLOOR IN WHOLE, CONSISTING OF A MAIN DINING ROOM, LOUNGE BAR AND TV ADD'L DINING ROOMS FOR SERVICE OF PATRONS, KITCHEN AND STOCK ROOMS. ENTRANCES AND EXTIS FROM 46 BORDER STREET CONSIST OF 2 FOR PATRON AND ONE FOR EMPLOYEES AND 44 BORDER STREET FIRST FLOOR IN WHOLE CONSISTING OF A DINING ROOM AND BAR AND SECOND FLOOR STOCK ROOMINSIDI SEATING CAPACITY 60, AND OUTSIDE ENCLOSED PATIO AREA SEATING CAPACITY 120ENTRANCE AND EXITS FROM 44 BORDER STREET IS ONE FOR PATRONS AND ONE FOR EMPLOYEES  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security N  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above ammed license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below: LOCAL LICENSING AUTHORITY By:	CLASS YEAR  DINING, INC.  CA  STATE: MA ZIP CODE: 02025  TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  FOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  REMISES: SISTING OF A MAIN DINING ROOM, LOUNGE BAR AND TWO RVICE OF PATRONS; KITCHEN AND STOCK ITS FROM 46 BORDER STREET CONSIST OF 2 FOR PATRONS ND 44 BORDER STREET FIRST FLOOR IN WHOLE DUTSIDE ENCLOSED PATIO AREA SEATING CAPACITY FROM 44 BORDER STREET IS ONE FOR PATRONS AND ONE  Inalties of perjury that:  be of the same type for the same premises now licensed; and with all laws of the Commonwealth relating to taxes; and wen for business (If not explain below)  Partner or Authorized Corporate Officer  PHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	LICENSE NUI	MBER: 023800001		CITY OR TOWN	COHASSEI
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DOING BUSINESS A ATLANTICA ADDRESS 46 BORDER ST. CITY/TOWN: COHASSET STATE: MA ZIP CODE: 02025  MANAGER: CAMPBELL, TYPE OF LICENSE:Restaurant CATEGORY: All A JOSEPH  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WERSTE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  FIRST FLOOR IN WHOLE, CONSISTING OF A MAIN DINING ROOM, LOUNGE BAR AND TV ADD'L DINING ROOMS FOR SERVICE OF PATRONS; KITCHEN AND STOCK ROOMS. ENTRANCES AND EXITS FROM 46 BORDER STREET CONSIST OF 2 FOR PATRON AND ONE FOR EMPLOYEES AND 44 BORDER STREET FIRST FLOOR IN WHOLE CONSISTING OF A DINING ROOM AND BAR AND SECOND FLOOR STOCK ROOM INSIDI SEATING CAPACITY 60, AND OUTSIDE ENCLOSED PATIO AREA SEATING CAPACITY 120 ENTRANCE AND EXITS FROM 44 BORDER STREET IS ONE FOR PATRONS AND ONE FOR EMPLOYEES  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensec has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security N  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY By:	STATE: MA ZIP CODE: 02025  TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  REMISES: SISTING OF A MAIN DINING ROOM, LOUNGE BAR AND TWO RVICE OF PATRONS; KITCHEN AND STOCK ITS FROM 46 BORDER STREET CONSIST OF 2 FOR PATRONS ND 44 BORDER STREET FIRST FLOOR IN WHOLE OM AND BAR AND SECOND FLOOR STOCK ROOMINSIDE DUTSIDE ENCLOSED PATIO AREA SEATING CAPACITY ROM 44 BORDER STREET IS ONE FOR PATRONS AND ONE  nalties of perjury that: be of the same type for the same premises now licensed; did with all laws of the Commonwealth relating to taxes; and been for business (If not explain below)  Partner or Authorized Corporate Officer  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY			CLASS		YEAR
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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security N)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY By:	PHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	I hereby certify	and swear under penal	ties of perjury that:		
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY By:	PHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	1. the	renewed license will be	of the same type for the s	same premises now	licensed;
SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY By:	PHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	2. the	licensee has complied w	with all laws of the Comme	onwealth relating t	o taxes; and
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY By:	PHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	3. the	premises are now open	for business (If not explai	n below)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.  Please Check Below:  APPROVED:  By:	(Note: NOT Individual Social Security Number) we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	SIGNED BY	Individual, Part	ner or Authorized Corpor	rate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.    Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By:	(Note: NOT Individual Social Security Number) we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.    Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By:	(Note: NOT Individual Social Security Number) we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	DATE:	TELEDIA	ONE NUMBER	EMPLOYEI	IDENTIFICATION NUMBER
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.    Please Check Below: LOCAL LICENSING AUTHORITY By:	we are in possession (1) the certificate required by Chapter 304 of the ing inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY	DITIE.	TELEPH	JNE NUMBER:		
APPROVED: By:		Acts of 2004, named license	signed by the building	inspector and the head	of the fire departs	ment for the above
APPROVED: By:		Please Check Belo	ow:		LOCALLICENS	SING AUTHORITY
		DISAPPROVE			•	
(If disapproved explain)		(If disapproved	l explain)			



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 023800003  APPLICATION FOR RENEWAL:  Annual	CITY OR TOWN COHASSET
APPLICATION FOR RENEWAL: Annual	
	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: KIMBALL'S MANAGEMENT CORPO	ORATION
DOING BUSINESS A COHASSET HARBOR INN	
ADDRESS 124 ELM ST.	
CITY/TOWN: COHASSET STATE: MA	ZIP CODE: 02025
MANAGER: CAMPBELL, TYPE OF LICENSE: Int JOSEPH	nholder CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO FLOORS. 35 ROOMS ON SECOND FLOOR,24 ROO MAIN FUNCTION ROOM,SWIMMING POOL,,FIRST FLO FLOOR HARBORVIEW PATIO,2ND FLOOR POOL ROOF CORRIDORS WITH 1 MAIN ENT. 4 ADDITIONAL ENT/E	OOR GARDEN VIEW PATIO,FIRST PATIO, CONNECTING LOBBIES AND
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com	_
3. the premises are now open for business (If not expl	ain below)
SIGNED BY Individual, Partner or Authorized Corp	orate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEELI TONE NOMBER.	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability insured 2010.	d of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	Ву:
DISAPPROVED:	
(If disapproved explain)	



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ON PREMIS	SES LICENSE RENEV	WAL APPLICAT	<u> 10N</u>	
LICENSE NUMBER: 023800006	(	CITY OR TOWN	COHASSE	Т
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: COHASSET GOL	F CLUB			
DOING BUSINESS A				
ADDRESS LAMBERTS LN & CEDAR	ST.			
CITY/TOWN: COHASSET	STATE: MA	ZIP CODE:	02025	
MANAGER: RICCI, TINA M. TY	PE OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS		J
DESCRIPTION OF LICENSED PREMIS	SES:			
18 HOLE PRIVATE GOLF CLUB CON HOUSE, CLUB HOUSE HAS A BASEN BAR AND LOUNGE ON MAIN FLOOR	MENT, MAIN FLOOR	AND PARTIAL S	SECOND FLO	
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of		ame premises now	licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating t	o taxes; and	
3. the premises are now open for	business (If not explain	n below)		
SIGNED BY Individual, Partner	r or Authorized Corpora	ate Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head o	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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LICENSE NUMBER:	023800008		CITY OR TOWN	COHASSET	Γ
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	
LICENSEE NAME: DOING BUSINESS A ADDRESS 071-85 SC	RED LION INN	CLASS , INC			YEAR
CITY/TOWN: COHA		STATE: MA	ZIP CODE:	02025	
MANAGER: Galliga				02025 CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIINCLUDES BISTRO, BAKERY. SECOND  I hereby certify and sw  1. the renewed  2. the licensee	RESTAURANT, LO AND THIRD FLOOI	S: UNTE, JAZZ CL R ARE ROOMS f perjury that: e same type for th l laws of the Con	LUB, FUNCTION FATOR RENT  e same premises now  monwealth relating	v licensed;	),
SIGNED BY	Individual, Partner or	· Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATI	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	ad of the fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN: By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEWA	L MUST BE FILED BY LICE	ENSEES DURING THE	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16.	A)



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LICENSE NU	MBER: 023800009		CITY OR TOWN COHASSET	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 201	3
		CLASS	Y	EAR
DOING BUSI		IEALY POST #118 THI	E AM. LEG., INC.	
	COHASSET	STATE: MA	ZIP CODE: 02025	
MANAGER:		ГҮРЕ OF LICENSE: Ve		All Alcohol
EMAIL ADDI	RESS:			
2 STORY WO HALL AND S I hereby certify 1. the 2. the	N OF LICENSED PREDODEN FRAME BLDG ECOND FLOOR; CEL y and swear under penal renewed license will be licensee has complied v	AND CELLAR. 6 ROCLAR USED FOR STOR lties of perjury that:	OMS ON FIRST FLOOR, MEETIN AGE e same premises now licensed; monwealth relating to taxes; and	G
SIGNED BY	Individual, Part	tner or Authorized Corpo	orate Officer	
	rsigned, attest that we		EMPLOYER IDENTIFICATIO (Note: <u>NOT</u> Individual Social Sec the certificate required by Chapter d of the fire department for the a	ourity Number)  304 of the
named licens of 2010.	e and (2) the certificate	e of liquor liability insu	urance required by Chapter 116 o	of the Acts
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHOR By:	RITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800010		CITY OR TOWN C	OHASSET
APPLICATION FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
	CLASS		YEAR
LICENSEE NAME: CURTIS LIQ	UOR STORES, INC.		
DOING BUSINESS A			
ADDRESS 790 CHIEF JUSTICE C	USHING HWY		
CITY/TOWN: COHASSET	STATE: MA	ZIP CODE: 0	2025
MANAGER: CURTIS, RICHARD D. JR.	TYPE OF LICENSE: Pac	ekage Store CATE	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
790 CHIEF JUSTICE CUSHING H WITH AN L OF 40 X 80 WITHIN			
<ol> <li>the renewed license will</li> <li>the licensee has complied</li> <li>the premises are now ope</li> </ol>	d with all laws of the Comm	nonwealth relating to ta	
SIGNED BY Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE: TELEP	HONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	G AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0238000	14	CITY OR TOWN CO	HASSET
APPLICATION FOR RENEW	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: A Taste	for Wine, Inc		
DOING BUSINESS A A Taste	e for Wine & Spirits		
ADDRESS 380 CHIEF JUSTION	CE CUSHING HIGHWAY		
CITY/TOWN: COHASSET	STATE: MA	ZIP CODE: 02	025
MANAGER: Sinclaire, Bruce	e K TYPE OF LICENSE: Pa	ckage Store CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
UNIT F IN THE COHASSET : STORAGE AREA AND OFFI TWO REAR EMERGENCY E	CE SPACETHREE EXITS,		
3. the premises are nov	nplied with all laws of the Com w open for business (If not exp	lain below)	, anu
Hidividu	al, Partner or Authorized Corp	orate Officer	
DATE: TE	ELEPHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 023800015		CITY OR TOWN COR	nASSE1
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
	AME: BANDOL EI			
ADDRESS 02	7-29 SOUTH MAIN	ST		
CITY/TOWN:	COHASSET	STATE: MA	ZIP CODE: 020	)25
MANAGER:	O'CONNOR, TRACY A.	TYPE OF LICENSE: Pa	ackage Store CATEG	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PE			
		LLAR FOR STORAGE ( nalties of perjury that:	ONLY	
	premises are now op	d with all laws of the Comen for business (If not exp		s; and
DATE:	TELEF	PHONE NUMBER:		TIFICATION NUMBER:  I Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	AUTHORITY
DATE:			_	



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LICENSE NUN	ABEK: 023800017		CITY OR TOWN COHASS	DE I
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: COHASSET PL VESS A VICTORIA'S	ZZA COMPANY, INC. PIZZA		
ADDRESS 790	CHIEF JUSTICE CU	SHING HWY		
CITY/TOWN:		STATE: MA	ZIP CODE: 02025	
MANAGER:		ГҮРЕ OF LICENSE: Res		: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
OF SEATING A FOOTAGE OF	AREA WITH ACCOM 800 SQFT COMPRIS	MIDATIONS FOR SIXTY	HOPPIN CENTER. APPROX Y PEOPLE THE REMAINING COOKING, KITCHEN, AND RANCE.	SQUARE
I hereby certify	and swear under penal	ties of perjury that:		
1. the r	renewed license will be	of the same type for the	same premises now licensed;	
2. the 1	icensee has complied v	with all laws of the Comm	nonwealth relating to taxes; and	1
3. the p	premises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004, s	signed by the building	ginspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 1	ie above
Please Check Below APPROVED: DISAPPROVE (If disapproved	 D:		LOCAL LICENSING AUTI	HORITY
DATE:				



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LICENSE NUMBE	R: 023800019		CI	IY OK IO	WN COHASS	C I
APPLICATION FO	R RENEWAL:	Annua	ા	LI	CENSED FOR 2	2013
		CLAS	S			YEAR
	: SOUTH SHORE PL			TES,INC.		
ADDRESS 130 SO		robre ence	OB			
CITY/TOWN: CO		STATE:	MA	ZIP CODI	E: 02025	
MANAGER: LOI G.	NGO, VINCENT TYPI	E OF LICENS	SE: Restau	rant	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEI		YOUR EMAIL	ADDRESS		
CONSUMPTION T PREMISES OR BY FACILITY ACCES I hereby certify and 1. the renev 2. the licen	ANDS/ FIVE PERMAN TO BE FENCED TO PI NON TICKET HOLD SED FROM SOHIER swear under penalties of wed license will be of the see has complied with a sises are now open for b	DERSTWO ST. PARKING of perjury that he same type fall laws of the	NSUMPT MAIN EI G LOTS : : : Cor the san	TION IN PANTRANCES  me premises wealth relat	RKING LOT OF SEXITS TO THE now licensed;	Œ
SIGNED BY	Individual, Partner of	or Authorized	Corporate	e Officer		
DATE:	TELEPHONE	E NUMBER:			OYER IDENTIFICA $f T$ Individual Social	
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of l	pector and th	e head of	the fire de	partment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)			LOCAL LIC	ENSING AUTH	HORITY
DATE:						



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LICENSE NUM	IBER: 023800020		CITY OR TOWN	COHASSE	Γ
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	
	ME: DINERO'S, INC ESS A DINERO'S RESTA	CLASS			YEAR
ADDRESS 235	HULL ST				
CITY/TOWN:	COHASSET	STATE: MA	ZIP CODE:	02025	
	PLOTNER,FRANK TYPE LIN A.	OF LICENSE: Res	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISE	ES:			
	M, LOUNGE, KITCHEN A UTH SIDE PARKING AR ITCHEN AREA				
<ol> <li>the re</li> <li>the li</li> </ol>	and swear under penalties of enewed license will be of the censee has complied with a remises are now open for b	e same type for the ll laws of the Comm	nonwealth relating to		
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Acts of 2004, si	igned, attest that we are in igned by the building insp and (2) the certificate of li	ector and the head	l of the fire departi	ment for the	above
Please Check Below APPROVED: [ DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:023800021		CITY OR TOW	N COHASSE	T
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 754 CHIL	A MULLANEY'S	FISH MARKET			
CITY/TOWN: COH	IASSET	STATE: MA	ZIP CODE:	02025	
	TON II, TY	PE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
		WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF I RETAIL FISH MAR END OF BUILDING	KET AND SPECIA		TORE. TWO ENTI	RANCES AT E	ITHER
2. the license	ed license will be o	es of perjury that:  f the same type for the the all laws of the Control business (If not ex	mmonwealth relatin		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain.]	in)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	: 023800022		CITY OR TOW	N COHASSE	21
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	V & AA, INC.				
DOING BUSINESS	A AVA CUCINA				
ADDRESS 107 RIPI	LEY ROAD				
CITY/TOWN: COH	<b>IASSET</b>	STATE: MA	ZIP CODE:	02025	
	STINO, TY ETTE M.	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
_	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	ISES:			
107 RIPLEY ROAD,	COHASSET MA. F BRICK, CONCRI	DEPOT COURT CON CONTAINING 163. ETE BLOCK AND W	5 SQUARE FEET	Γ OF SPACE	
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renew	ed license will be of	f the same type for the	same premises n	ow licensed;	
2. the license	e has complied wit	h all laws of the Com	nonwealth relatin	g to taxes; and	
3. the premis	ses are now open fo	r business (If not expl	ain below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	by the building in	e in possession (1) th aspector and the head of liquor liability insu	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
DAIE.					



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APPLICATION FOR RENEWAL: Annual LICENS	
	SED FOR 2013
CLASS	YEAR
LICENSEE NAME: CELTIC BISTRO CORPORATION	
DOING BUSINESS A BIA BISTRO & BAR	
ADDRESS 35 SOUTH MAIN STREET	
CITY/TOWN: COHASSET STATE: MA ZIP CODE:	02025
MANAGER: HOULIHAN, TYPE OF LICENSE: Restaurant CATRISTEN N.	ATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
FOUR DINING ROOMS, INCLUDING A BAR, OUTSIDE FRONT PATIO, KIT FRONT ENTRANCE AND REAR EXIT	CCHEN, STORAGE,
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now	licensed;
2. the licensee has complied with all laws of the Commonwealth relating to	o taxes; and
3. the premises are now open for business (If not explain below)	
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER	R IDENTIFICATION NUMBER:
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER	ed by Chapter 304 of the ment for the above
DATE:  TELEPHONE NUMBER:  EMPLOYER (Note: NOT Ind)  We the undersigned, attest that we are in possession (1) the certificate require Acts of 2004, signed by the building inspector and the head of the fire department and license and (2) the certificate of liquor liability insurance required by of 2010.	ed by Chapter 304 of the ment for the above
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER (Note: NOT Ind)  We the undersigned, attest that we are in possession (1) the certificate require Acts of 2004, signed by the building inspector and the head of the fire departr named license and (2) the certificate of liquor liability insurance required by of 2010.  Please Check Below: APPROVED: LOCAL LICENS By:	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER (Note: NOT Ind)  We the undersigned, attest that we are in possession (1) the certificate require Acts of 2004, signed by the building inspector and the head of the fire departr named license and (2) the certificate of liquor liability insurance required by of 2010.  Please Check Below: APPROVED: LOCAL LICENS By: DISAPPROVED:	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER (Note: NOT Ind)  We the undersigned, attest that we are in possession (1) the certificate require Acts of 2004, signed by the building inspector and the head of the fire departr named license and (2) the certificate of liquor liability insurance required by of 2010.  Please Check Below: APPROVED: LOCAL LICENS By:	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER (Note: NOT Ind)  We the undersigned, attest that we are in possession (1) the certificate require Acts of 2004, signed by the building inspector and the head of the fire departr named license and (2) the certificate of liquor liability insurance required by of 2010.  Please Check Below: APPROVED: LOCAL LICENS By: DISAPPROVED:	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800025	C	ITY OR TOWN COHASSET
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: WHITE CRANE I	NCORPORATED	
DOING BUSINESS A FENG SHUI RE	STAURANT	
ADDRESS 380 CHIEF JUSTICE CUSH	ING HWY	
CITY/TOWN: COHASSET	STATE: MA	ZIP CODE: 02025
MANAGER: WONG, CHUNG S. TY	PE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PREMI		
A UNIT IN THE SHOPPING CENTER IN FRONT SIDE AND BACK OF REST		E. ENTRANCE AND EXIT LOCATED
I handby contify and arrian under manufic	o of manipum, that	
I hereby certify and swear under penaltie  1. the renewed license will be of	1 0 0	me premises now licensed
2. the licensee has complied with	7.2	•
3. the premises are now open for		<u> </u>
SIGNED BY		
Individual, Partne	r or Authorized Corporat	e Officer
DATE: TELEBRION		
TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		and reduce becaute y randos,
We the undersigned, attest that we are Acts of 2004, signed by the building in	•	ertificate required by Chapter 304 of the
		nce required by Chapter 116 of the Acts
of 2010.		
Please Check Below:	]	LOCAL LICENSING AUTHORITY
APPROVED:	]	By:
DISAPPROVED: (If disapproved explain)		
(11 disapproved expidin)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 023800026		CITY OR TOWN COHAS	SSET
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	ROUTE 3A PIZZA	A & GRILL CORPO	ORATION	
DOING BUSINESS	A 3A PIZZA & GR	ILL		
ADDRESS 166 KIN	IG ST			
CITY/TOWN: CO	HASSET	STATE: MA	ZIP CODE: 02025	
MANAGER: ASS KAT	AD, TYI THLEEN	PE OF LICENSE: R	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMIS			
	ORE SPACE LOCAT		DOOR ENTRANCES TO FR	ONT OF
	ises are now open for			na
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004, signe	d by the building in	spector and the he	he certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENSING AU' By:	THORITY
DATE:				
DAIL.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	023800027		CITY OR TOWN COHAS	SET
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	R&S FISHER, LLC			
DOING BUSINESS A	GREEK NECK G	RILLE		
ADDRESS 156 KING	ST			
CITY/TOWN: COHA	ASSET	STATE: MA	ZIP CODE: 02025	
MANAGER: FISHE E.	R, ROBERT TYP	PE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMIS	SES:		
	STORAGE IN TH	E BASEMENT.THE	TING OF DINING ROOM A RE IS A HANDICAP ACCE NCE IN THE BACK.	
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	l license will be of t	the same type for the s	same premises now licensed;	
2. the licensee	has complied with	all laws of the Comm	onwealth relating to taxes; ar	nd
3. the premise	s are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	12221101	21,01,12210	(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed l	by the building ins	pector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)			
			-	
DATE:				



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 023800028		CITY OR TOWN	COHASSE	Γ
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: LOCAL VINE	S AND GOURMET LI	.C		
DOING BUSIN	NESS A LOCAL VIN	ES AND GOURMET			
ADDRESS 132	2 CHIEF JUSTICE CU	JSHING HIGHWAY			
CITY/TOWN:	COHASSET	STATE: MA	ZIP CODE:	02025	
MANAGER:	HARDEY, DEBORAH	TYPE OF LICENSE:P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PRE				
_	TITH A FRONT AND				
-	and swear under pena			licancadı	
		e of the same type for the with all laws of the Con	=		
	•	n for business (If not exp	_	taxes, and	
SIGNED BY					
	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPH	HONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
21112.					



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LICENSE NUMBER	t: 023800029		CITY OR TOWN	COHASSE	ΣT
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	COHASSET PUBS	CORP.			
DOING BUSINESS	A MR. DOOLEY'S	OLD VILLAGE			
ADDRESS 9 DEPO	Γ COURT				
CITY/TOWN: COL	HASSET	STATE: MA	ZIP CODE:	02025	
	LYLE, TYP HAEL	PE OF LICENSE:R	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ĺ	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
	ST FLOORSTORAC CAPACITY INSIDE I		MENTPATIO AN	ID HANDICA	APPED
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	ne same premises nov	w licensed;	
2. the license	ee has complied with	all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premis	ses are now open for l	business (If not ex	plain below)		
SIGNED BY					
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	ndividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are all by the building ins (2) the certificate of	pector and the he	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		·		
DATE:					
DAIE.					